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The Examiner further rejected claims 1-4 as being anticipated by Lentz pursuant to 35 U.S.C. § 102(b), claims 5 and 7-12 as being unpatentable over Lentz in view of Garza pursuant to 35 U.S.C. 103(a) and claim 13 as being anticipated by Lazarus pursuant to 35 U.S.C. 102(e). The original PCT claims were not in congruence with United States practice, so Applicant has herein canceled claims 1-13 and has added new claims 14-34.

Added Claims

Independent claim 14 describes a method for replacing a section of blood vessel inner layer. The method includes the step of removing a section of an inner layer of a blood vessel where the removal creates at least one end flap in the remaining blood vessel inner layer. An artificial blood vessel inner layer is provided comprising, inter alia, at least one end section folded over to create an enclosure which encloses a stent. The artificial blood vessel inner layer, containing the enclosed stent, is inserted into the blood vessel. The method includes the step of retaining the end flap between the end section and the blood vessel by expanding the stent.

In contrast to the present invention, Lentz (5,522,881) discloses an implantable tubular prosthesis having cuffs at each end, with each cuff having a closed end and an open end. Lentz requires that the cuffs be open on one end to allow insertion of a stent either prior to or after the prosthesis is implanted within the patient. (See Col. 4, ln. 43-47; Col. 5, ln. 56-59). Similarly, Lazarus (5,662,700) discloses an artificial graft having staples to affix the graft to a body lumen. The staples comprise wall engaging members that extend through the graft for stapling the graft to the lumen wall. (See Col. 3, ln 55-59, Figs. 1 and 2). Therefore, Lentz and Lazarus fail to disclose or suggest (and in fact teach away from) the step of providing an artificial blood vessel inner layer with a stent enclosed within an end section thereof.

The cited art further fails to disclose or suggest the use of an artificial blood vessel inner layer to retain an end flap existing within a blood vessel as required by claim 14.